Name in Full: Theo J Abrams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: Month: Feb — Day: 4 — 1904 — Age: Years: 5 5 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name or Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed By Cars — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Crawley

Address: Elkton Md

Accident or Suicide? Accident

LIBRARY BUREAU A38618

Name in Full: Harry Ayers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warwick — County: Cecil

Date of death 1904: Month: Feb — Day: 8th — Age: Years: 14 — Months: 7 — Days:

Sex: Male — Color or Race: Black — Birthplace: Warwick

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter Ayers — Father's Birthplace: Kent Co. Md.

Mother's Maiden Name: Sidney Bricken — Mother's Birthplace: Queen Anne Co. Md.

Name of person giving In formation: Father — Peter Ayers — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Diphtheria — How long: about 1 week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dorsey W. Lewis

Address: Middletown — Delaware.

Accident or Suicide? —

LIBRARY BUREAU A66519

Name in Full: Edward. Clay Borrett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Valley — County: Cecil

Date of death: Month: Feb — Day: 21 — 1904

Age: Years — Months: 7 months — Days

Sex: Male — Color or Race: White — Birthplace: New Valley

Occupation: —

Where Residing if not at place of death: New Valley Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Henry Borrett — Father's Birthplace: Liberty Grove

Mother's Maiden Name: Mary Emma Hines — Mother's Birthplace: Port Deposit

Name of person giving Information: — How related to deceased: (Mother of father)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pneumonia — How long: 5 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ezra T Rowland

Address: Liberty Grove Md

Accident or Suicide? —

LIBRARY BUREAU A6351B

Name in Full

Certificate of Death

Mary Barrett

Died at Town: Perryville County: Cecil MARYLAND

Date 1904 — Month: 2-16 Age: Y. 46 M. — D. — Native of: Md — Occupation: H work

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Amor Barrett

Father's Name: Geo Zollenger Mother's Name: Elizabeth Brannen

Cause of Death — Primary: Heart disease — How long sick: Very sudden

Immediate: Cardiac incompetency ~~Accident, Suicide, Homicide~~

Reported by L. G. Taylor, M. D.,

Address Perryville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65582

Name in Full: Sarah Jane Benjamin

CERTIFICATE OF DEATH

MARYLAND

Died at: Bay View Town; Cecil County

Date of death: Month Feb. Day 29 1904

Age: Years 76 Months Days

Sex: Female

Color or Race: White

Birthplace: Cecil Co

Occupation: Housework

Where Residing if not at place of death: Bay View

Married, Single or Widowed: Widow

Name of Wife or Husband: William Benjamin

Father's Name: Joseph Mahoney

Father's Birthplace: Cecil Co.

Mother's Maiden Name: Martha Reed 154

Mother's Birthplace: Cecil Co

Name of person giving information: Henry Benjamin

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility

How long: 3 years

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Baumgarten

Address:

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full

Certificate of Death

Adam L Coleman

Died at Town Charlestown County Cecil MARYLAND

Date 189 4 Month Feb. Day 3 Age Y. 81 M. D. Native of Cecil Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living 4

Husband of
Wife

Father's Name Thomas Coleman

Mother's Name Mary Rutledge

How long sick

Cause of Death: Primary

Immediate Ulcer

~~Accident, Suicide, Homicide~~

Reported by B Bennett

Address M D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full: Dorthia Elizabeth Charley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit; County: Cecil

Date of death 1904: Month: Feb; Day: 24; Years: Age; Months: 17; Days:

Sex: Female; Color or Race: White; Birthplace: Port Deposit

Married, Single or Widowed: no; Occupation: none

Name of Wife or Husband:

Father's Name: Frank G Charley; Father's Birthplace: Austria

Mother's Maiden Name: Francis Wilson McStilly; Mother's Birthplace: Cecil Co

Name of person giving information: Frank G Charley; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 2 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D G Fiquilen

Address: Port Deposit Md

Resident or Solicitor

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Hannah E Coale

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Colora — County: Cecil

Date of death 1904 — Month: 2nd — Day: 3rd

Age — Years: 82 — Months: 2 — Days: 15

Sex: female — Color or Race: white

Birthplace: Rowlandville Co. Cecil

Occupation: housewife

Where Residing if not at place of death:

Married, Single or Widowed: widowed — Name of Wife or Husband: William Coale

Father's Name: John Cook — Father's Birthplace: Chester Co. Pa.

Mother's Maiden Name: Alice Burlin 93 — Mother's Birthplace: Chesterfield Pa.

Name of person giving information: Alice C Simpers — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility accident & Old age — How long:

Immediate: Pneumonia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John O. Jones M.D.

Address: Rising Sun, Md.

Accident or Suicide? —

LIBRARY BUREAU A3831S

Name in Full: William H Cole

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perryville — County: Cecil

Date of death 1904 — Month: 2 — Day: 17 — Age — Years: 18 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Philadelphia

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Geo Cole — Father's Birthplace: Phila Pa

Mother's Maiden Name: Alva Fisher — Mother's Birthplace: Cecil Co Md

Name of person giving information: Alva Cole — How related to deceased: Mother

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: Three weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Fleming

Address: Perryville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Denison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death 1904: Month: 2 — Day: 20

Age: Years — Months — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Port Deposit

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John A. Denison — Father's Birthplace: Port Deposit

Mother's Maiden Name: Mamie Denison — Mother's Birthplace: Canal Station

Name of person giving information: Joshiah Jones — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Blue Baby. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Donahoe M. D.

Address: Port Deposit Md.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Howard A Foraker 5th Dist.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Neck — County: Cecil

Date of death 1904 — Month: 2 — Day: 7 — Age: Years: — Months: 1 — Days:

Sex: Male — Color or Race: White — Birthplace: Elk Neck

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband: [illegible] Foraker

Father's Name: Harry D Foraker — Father's Birthplace: Elk Neck

Mother's Maiden Name: Margt Alexander — Mother's Birthplace: Elk Neck

Name of person giving information: Harry Foraker — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos A Worrall

Address: North East Md

Accident or Suicide?

LIBRARY BUREAU A89316

Heald's Church

Name in Full: John Lucian Foster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil Co.

Date of death: 1904 — Month: Feb. — Day: 5

Age: Years: 50 — Months: 6 — Days: 20

Sex: male — Color or Race: white — Birthplace: North East

Occupation: Undertaker — Where Residing if not at place of death: North East

Married, Single or Widowed: married — Name of Wife or Husband: Lucia A. Foster

Father's Name: Francis Asbury Foster — Father's Birthplace: Elk Neck

Mother's Maiden Name: Caroline Adelia Onion — Mother's Birthplace: Balto. Co.

Name of person giving information: Irene Foster 93 — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 7 days

Immediate: Heart Failure — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo S. Rittenhouse

Address: North East Md

Accident or Suicide? No

LIBRARY BUREAU A38816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Delia Garrison

Died at: Town: Elkton — County: Cecil

Date of death: Month: 2 — Day: 23 — 1904

Age: Years: 55 — Months — Days

Sex: Female — **Color or Race:** Black — **Birthplace**

Occupation: Servant — **Where Residing if not at place of death**

Married, Single or Widowed: Married — **Name of Wife or Husband:** Horace Garrison

Father's Name: Wm Sterling — **Father's Birthplace**

Mother's Maiden Name: 93 — **Mother's Birthplace**

Name of person giving information: Olie Francis — **How related to deceased:** Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — **How long:** 5 days

Immediate — **How long**

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Curtis Mitchell MD

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Harriett L Heath

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Elkton (Town) — Cecil (County)

Date of death 1907: Month 3 — Day 3 — Age: Years 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

~~Married, Single or Widowed~~: Widow — Occupation:

Name of ~~Wife or~~ Husband: Thomas Heath

Father's Name: Thomas Bryson — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Manley — Mother's Birthplace: Md

Name of person giving information: Mrs L H Bennett — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes — How long: 3 yrs

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell M.D.

Address: Elkton Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Charles Heisler s Fed. Dist -

Died at Town: Charlestown County: Cecil MARYLAND

Date 189 1904 Month: Feb Day: 21st | Age Y. M. D.: one day | Native of: Md. | Occupation:

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living: 179

Husband of Wife

Father's Name: Joseph M Heisler

Mother's Name: Kate Heisler

Cause of Death: Primary: Heart failure

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Silas B Graham

Address Charlestown Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66788

John B. Graham

Name In Full James A Henry

Certificate of Death

Died at Town Port-Deposit County Cecil MARYLAND

Date 1904 Month Feb Day 16 | Age Y. 4 M. — D. — | Native of Maryland | Occupation —

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband of —
Wife

Father's Name —

Mother's Maiden Name Nellie Henry

179

Cause of Death — Primary — Immediate

How long sick 12 days

Accident, Suicide, Homicide

Reported by W C Jackson

Address undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70803

Name in Full

Certificate of Death

Edward Howell

Died at Port-Deposit (Town) - Cecil (County) MARYLAND

Date 1904 Month 2 Day 6 | Age Y. 21 M. - D. - | Native of New Jersey | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number ~~of children living~~

Husband of —
Wife

Father's Name

Mother's Name 93

Cause of Death: Primary Pneumonia — How long sick 7 days

Immediate Heart Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Dr E C Cummings

Address Port Deposit Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

John. E. Jackson S~ Dist

Town — County

Died at Jackson — Co Circ — MARYLAND

Date Feb Month Feb. Day 27th — Y. M. D. Age 66. — Native of — Occupation

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living Two

Husband of

Wife

Father's Name

Mother's Name 50

Cause of Death — Primary Gangrene + Diabetes — How long sick Two Months

Immediate — Accident, Suicide, Homicide

Reported by Dr. Jno. L Smith

Address Brazil — Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Mrs Roda anna. James

Town

Died at Port Deposit

County

cecil County

MARYLAND

Month Day

Date 1904 2. 15th

Y. M. D.

Age 34 years

Native of cecil Co md

Occupation home wife

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 10

Husband / Wife of Carroll James

Father's Name Mr Hopkins

Mother's Name Rebecca Hopkins

Cause of Death — Primary: Blood Poison

How long sick 5 weeks

Immediate

Accident, Suicide, Homicide

Reported by Wm B R Jordan M.D.

Address Liberty Grove cecil co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Jahn D. Lutz

5 feet

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenhurst — County: Lucie

Date of death: Month: Jan — Day: 13th — Age: Years: 1 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Greenhurst

Occupation: Infant — Where Residing if not at place of death: Greenhurst

[redacted] — Name of Widow: David Lutz

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Lutz — Father's Birthplace: New Jersey

Mother's Maiden Name: Annie Ahrman — Mother's Birthplace: Md

Name of person giving information: Chas H. Ahrman — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peri Gastritis — How long: 2 weeks

Immediate: Exhaustion — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Gilfuse

Address: Lucie Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Joseph H Lincoln

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rising Sun — County: Cecil

Date of death 1914	Month	Day	Years	Months	Days
	2	23	Age 78		

Sex: —

Color or Race: White

Birthplace: Chester Co Pa

Occupation: Farmer

Where Residing if not at place of death: on his farm

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or ~~Husband~~: Elizabeth Richards Lincoln

Father's Name: John Lincoln

Father's Birthplace: Chester Co Pa

Mother's Maiden Name: Frances Reynolds

Mother's Birthplace: " "

Name of person giving information: Elizabeth Lincoln

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis with Cardiac Hypertrophy — How long: one year

Immediate: Exhaustion. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Jane H Lodge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Elkton; County: Cecil

Date of death 190 : Month: 2; Day: 14; Age — Years: 57; Months; Days

Sex: Female; Color or Race: White; Birthplace

Occupation; Where Residing if not at place of death

Married, Single or Widowed: Married; Name of Wife or Husband: Richard Lodge

Father's Name: John Hall; Father's Birthplace

Mother's Maiden Name: — —; Mother's Birthplace

Name of person giving Information: Richard Lodge; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease; How long: 2 yrs

Immediate: —; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Custer Yuteler M.D.

Address: Elkton Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Edward Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Town Point; County: Cecil

Date of death 1904: Month: 2; Day: 3; Age: Years: 68; Months: 6; Days: 2

Sex: Man; Color or Race: Black; Birthplace: Town Point

Married, ~~Single~~ or Widowed; Occupation: farm work

Name of Wife or Husband: Sarah E Long

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: James Bell; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ; How long:

Immediate: Heart Disease; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signeture of Physician: J. J. Conner

Address: Chesapeake City Md

LIBRARY BUREAU A33518

Name in Full: Thos Tong 4 Dist

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Andora; County: Cecil

Date of death 1904: Month: Feby; Day: 13; Age: Years: 69; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Del

Married, Single or Widowed: Married; Occupation: Paper Maker

Name of Wife or Husband: Millicent Chandlee

Father's Name: Thos Tong; Father's Birthplace: England

Mother's Maiden Name: Elizabeth Jinkins; Mother's Birthplace: Del

Name of person giving In formation: Elizabeth Janney; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Face; How long: one Year

Immediate: Cancer of Face; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa.

Accident or Suicide?

LIBRARY BUREAU A39516

Name in Full

Certificate of Death

Helen Lynch

Town

Died at near Theodore

County

Cecil

MARYLAND

Date 1904 Month 2 Day 8 | Age Y. 14 M. — D. — | Native of Maryland | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

92

Father's Name W^m Lynch

Mother's Name Emma Lynch

Cause of Death — Primary: Laryngitis Catarrhal & Pneumonia — How long sick: 3 Weeks

Immediate: Heart Failure — ~~Accident Suicide Homicide~~

Reported by C. H. Richardson M.D.

Address Colora, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55068

Name in Full Mary Lynch

Certificate of Death

Died at Town Armstrong County Carroll MARYLAND

Date 19 07 Month Feb. Day 7 | Age Y. 70 M. D. | Native of Carroll | Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Maiden Name

114

Cause of Death: Primary Liver — How long sick one month?

Immediate Obstruction Bile duct

~~Accident, Suicide, Homicide~~

Reported by B Berenberg

Address M. Em

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72908

Name in Full

Certificate of Death

Eliza Macadalin

Died at Town Cecil Paper Mill County Cecil MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1894	2-6	Age 67-			Pa	None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 6

~~Husband~~ Wife of Joshua Macadalin (deceased)

Father's Name David Culbertson Mother's Name ~~Unknown~~

Cause of Death: Primary Bright's Disease 120 How long sick 6 mo

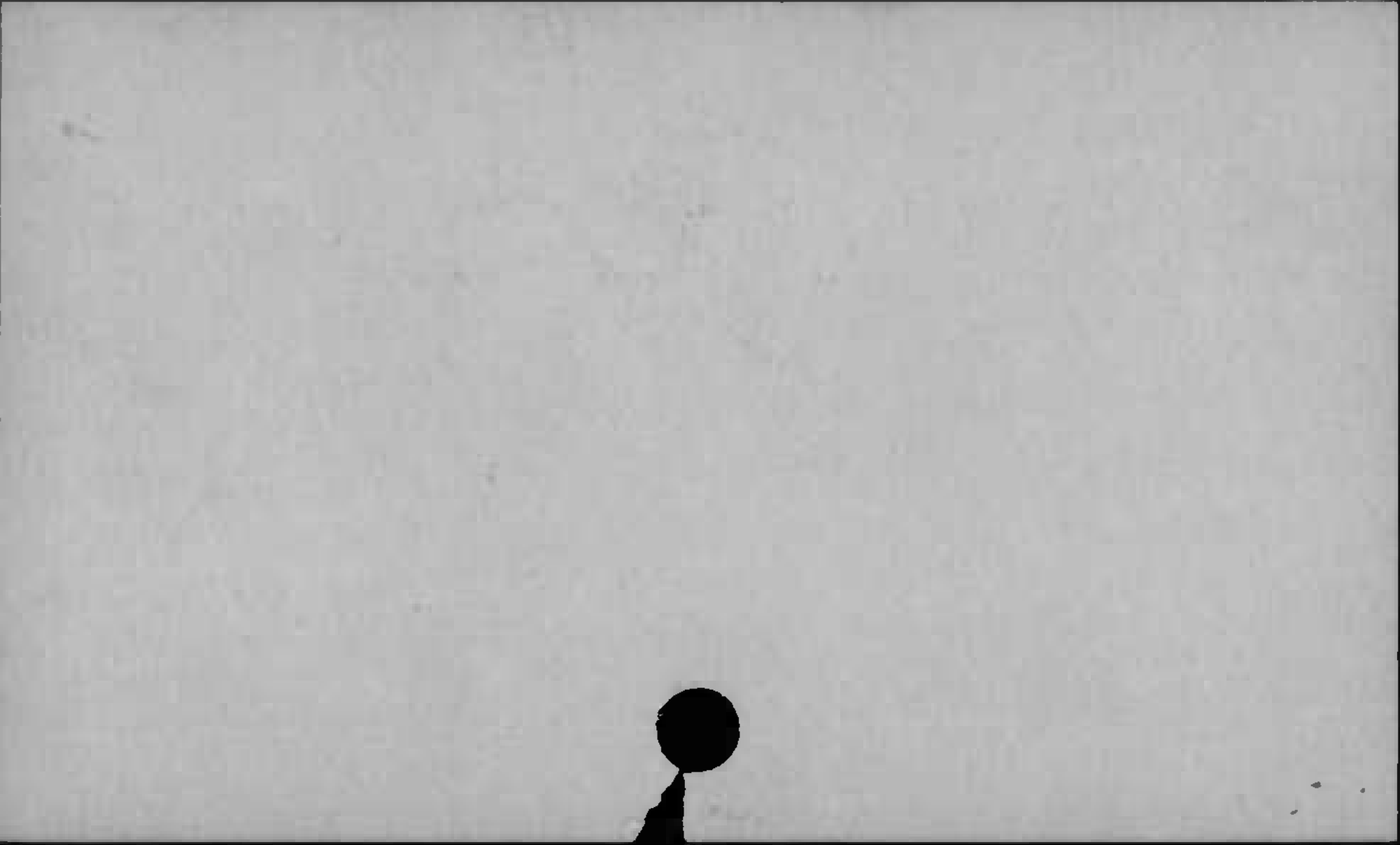
Immediate Uremia & Brain Accident, Suicide, Homicide

Reported by Dr Geo. S. Dare

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65962



Name in Full

Certificate of Death

Emma McDougal

Town

County

Died at near Rising Sun Cecil MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 2	2	Age 55	10	—	Maryland	—

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Charles McDougal

Father's Name Robert Williams

Mother's Maiden Name Mary Williams

Cause of Death — Primary: Chronic Myocarditis — How long sick 2 years

Immediate: Exhaustion

~~Accident~~, ~~Suicide~~, Homicide

Reported by Ernest Rowland

Address Liberty Grove md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70888

Name in Full: Katherine A meyer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cecilton — County: Cecil

Date of death: Month: 2 — Day: 6 — 1904

Age: Years: 53 — Months — Days

Sex: Female — Color or Race: white — Birthplace: wilmington del

Occupation: Home wife — Where Residing if not at place of death: Cecilton

Married, Single or Widowed: widow — Name of Wife or Husband: Geo w. meyer

Father's Name: Andrew w mekee — Father's Birthplace: New York

Mother's Maiden Name: Julia A Ward — Mother's Birthplace: Connecticut

Name of person giving In formation: Agnes w Revelle — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast — How long: 18 months

Immediate: accident on R. R. — How long: 5 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Evn Bradford M.D.

Address: Cecilton md

Accident or Suicide?

LIBRARY BUREAU Ad8616

Name in Full: Benjamin T Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elkton — County: Cecil

Date of death 1904 — Month: 2 — Day: 9

Age — Years: 3 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Elkton

Married, Single or Widowed: Single — Occupation

Name of Wife or Husband

Father's Name: James Moore — Father's Birthplace: Del

Mother's Maiden Name: Annie Jackson — Mother's Birthplace: Md

Name of person giving information: James Moore — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Pneumonia — How long: 2 wks

Immediate: meningitis — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Antrim Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A8081G

Name in Full: Phoeba A Pennock 4 Dish

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near Cherry Hill — (County): Cecil

Date of death 1904: Month: Feby — Day: 20 — Age: Years: 86 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or ~~Widowed~~: ~~Married~~ — Occupation: House wife

Name of Wife or Husband: Joseph Pennock

Father's Name: Thos Ferguson — Father's Birthplace: Pa

Mother's Maiden Name: Cathrine Montgomery — Mother's Birthplace: Pa

Name of person giving In formation: Saml Pennock — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 24 hr.

Immediate: Pneumonia — How long: 24 hr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lenniville Pa.

Accident or Suicide?

LIBRARY BUREAU A88319

8th Dist.

CERTIFICATE OF DEATH

MARYLAND

Name in Full Zachary Taylor Rawlings

Died at Town: Near Rawlinsville — County: Cecil

Date of death 1904 Month: Feb — Day: 23 — **Age** Years: 26 — Months — Days

Sex Male — **Color or Race** white — **Birthplace** Cecil Co Md

Married, Single or Widowed Widower — **Occupation** Farmer

Name of Wife or Husband

Father's Name Robert Rawlings — **Father's Birthplace**

Mother's Maiden Name Mary McVeh — **Mother's Birthplace**

Name of person giving In formation John M Rawlings — **How related to deceased** Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: 14 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Phillip M - Riggin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Fredericktown | Town | County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	2	1	—	—	3

Sex: male | Color or Race: white | Birthplace: Fredericktown

Occupation: — | Where Residing if not at place of death: 17

Married, Single or Widowed | Name of Wife or Husband

Father's Name: Norman Reggin | Father's Birthplace: Delaware

Mother's Maiden Name: adilade M. woodall | Mother's Birthplace: maryland

Name of person giving Information: Norman Reggin | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: this child was a premature birth | How long: —

Immediate: born at Eight months | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Crawford

Address: Cecilton md

Accident or Suicide?

LIBRARY BUREAU A6US18

Name in Full: Helen E. Scott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Deposit — County: Cecil

Date of death 190 4: Month: 2 — Day: 22 — Age: Years: 7 — Months: 11 — Days: 19

Sex: Female — Color or Race: Colored — Birthplace: Port Deposit

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Agatha Scott — Father's Birthplace: Stony Run

Mother's Maiden Name: Mary Hartelow — Mother's Birthplace: Port Deposit

Name of person giving information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 mos

Immediate: Same — How long: 6 mos

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: H E Clemmons

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Elizabeth Tarbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora; County: Cecil

Date of death: Month: Feby. Day: 5th; Year: 1904; Age: 47 Years 3 Months 22 Days

Sex: Female; Color or Race: White; Birthplace: Cecil Co. Md.

Occupation: Housewife; Where Residing if not at place of death: Colora Md.

Married, Single or Widowed: Married; Name of Wife or Husband: Thomas E. Tarbert

Father's Name: George W. Porist; Father's Birthplace: Lancaster Co. Pa.

Mother's Maiden Name: Elizabeth Anna White; Mother's Birthplace: Cecil Co. Md.

Name of person giving Information: Thomas E. Tarbert; How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Labor Pneumonia; How long: 3 days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Woodland

Address: Liberty Mills Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mrs Eliza Tilton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake City — County: Cecil

Date of death 190 4 — Month: 2 — Day: 28 — Age: Years: 74 — Months: 7 — Days: x

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Chesapeake City

Married, Single or Widowed: Widow — Occupation: Housekeeper

Name of Wife or Husband: Isaac Tilton deceased

Father's Name: John C Anderson — Father's Birthplace: dont Know

Mother's Maiden Name: dont Know — Mother's Birthplace: don't Know

Name of person giving Information: Henry Russell Tilton — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 6 Weeks

Immediate: Septicemia — How long: 2 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm C Karsner

Address: Chesapeake City

Accident or Suicide? X

LIBRARY BUREAU A93515

Name in Full: William Ward

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Pmyville County: Cecil

Date of death 1904: Month: 2 Day: 19

Age: Years: 79 Months: Days:

Sex: Male Color or Race: White Birthplace: —

Married, Single or Widowed: Widdower Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

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Name of person giving information: Chas Ward How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia - How long: Ne vuter

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Stumbo

Address: Pmyville Md-

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Watson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mount Pleasant — County: Cecil

Date of death: Month: Feb — Day: 7 — Year: 1904 — Age: Years: 78 — Months: 10 — Days: 21

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Hannah Watson

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Elmer E. Brown — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: 2 yrs

Immediate: Heart disease, Heart Asthma — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Geo. S. Dare

Address: Rising Sun Md

Accident or Suicide? No

LIBRARY BUREAU A38816

Name in Full: Adam A Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Port Deposit — (County) Cecil

Date of death 1904 — Month: 2 — Day: 27 — Age: Years: 1 — Months: 9 — Days: —

Sex: Male — Color or Race: White — Birthplace: Port Deposit

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Hugh A Wilson Sr — Father's Birthplace: —

Mother's Maiden Name: Florence Benicker — Mother's Birthplace: —

Name of person giving Information: Florence Wilson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Broncho Pneumonia — How long: Eleven days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H.C. Donahoo M.D.

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A99518

Name in Full: Anthony W. Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cecilton; County: Cecil

Date of death: Month: Feb. Day: Fourth 1904

Age: Years: about 41. Months: Days:

Sex: Male

Color or Race: Colored

Birthplace: Cecilton

Occupation: Farm Laborer

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Hannah Young

Father's Name: Isaac Young

Father's Birthplace: Cecil Co.

Mother's Maiden Name: Mary Thompson

Mother's Birthplace: " "

Name of person giving Information: W. B. Davis

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs.

How long: about 2 years

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W M. Jeter.

Address: Sassafras.

Maryland.

Accident or Suicide?

LIBRARY BUREAU A88318